

CLAIMS ONLY							Application Number <b>10705251</b>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1										
2	1										
3		1									
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100											
Total Indep	14										
Total Depend	60										
Total Claims	74										
Total Indep	24										
Total Depend	59										
Total Claims	83										

83  
157